

# CLAIM 13

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEVADA		PROOF OF CLAIM	
Tuscan Acquisitions, LLC				Case Number: 09-14853	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.					
Name of Creditor (The person or other entity to whom the debtor owes money or property): <i>Cabinet, Inc.</i>					
Name and address where notices should be sent:  <i>2711 EAST CRAIG RD, #A North LAS VEGAS, NV 89030</i>					
TEL: (702) 649-1010					
Name and address where payment should be sent (if different from above):  Name: _____ Address 1: _____ Address 2: _____ Address 3: _____ Address 4: _____ Address 5: _____ TEL: ( ) - ( )					
Carefully read instructions included with this Proof of Claim before completing. In order to have your claim considered for payment and/or voting purposes, complete ALL applicable questions. The original of this Proof of Claim must be sent to: The Rhodes Companies, LLC, c/o Omni Management Group, LLC, 16161 Ventura Boulevard, Suite C, PMB 477, Encino, CA 91436-2522.					
1. Amount of Claim as of Date Case Filed: \$ <span style="border: 1px solid black; padding: 2px 10px;">17528.88</span>					
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.					
If all or part of your claim is entitled to priority, complete item 5.					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or charges.					
2. Basis for Claim: <b>Goods Solid-cabinets</b> (See instruction #2 on reverse side)					
3. Last four digits of any number by which creditor identifies debtor: <span style="border: 1px solid black; padding: 2px 10px;">12285</span>					
3a. Debtor may have scheduled account as: <span style="border: 1px solid black; padding: 2px 10px;">12285.52</span> (See instruction #3a on reverse side.)					
4. Secured Claim. (See instruction #4 on reverse side.) <input checked="" type="checkbox"/> Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.					
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: <b>HOMES</b>					
Value of Property: \$ <span style="border: 1px solid black; padding: 2px 10px;">12285.52</span> Annual Interest Rate: ____ %					
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ <span style="border: 1px solid black; padding: 2px 10px;">12285.52</span> Basis for perfection: _____					
Amount Secured: \$ <span style="border: 1px solid black; padding: 2px 10px;">12285.52</span> Amount Unsecured: \$ <span style="border: 1px solid black; padding: 2px 10px;">5243.36</span>					
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)					
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:					
Date <span style="border: 1px solid black; padding: 2px 10px;">08/18/2009</span>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.				
Signature <i>Sherri Foreman</i>	Title <i>Payroll</i>				
Printed Name <b>Sherri Foreman</b>	THIS SPACE IS FOR COURT USE ONLY				

Case 09-14853-lbr Claim 13-1 Filed 08/27/09 Page 2 of 22  
Invoice Number: 1025286-IN

CABINETEC - LAS VEGAS  
 2711 E. Craig Road  
 Suite A  
 North Las Vegas, NV 89030  
 (702) 649-1010

Invoice Date: 3/25/2009  
 Salesperson: NC  
 Terms: NET 30 DAYS  
 Tax Schedule: NV  
 Customer Number: RHODES  
 Customer P.O.: LISYED

RHODES HOMES  
 4730 S FORT APACHE RD, STE 300  
 LAS VEGAS, NV 89147

Job Number: RHP25T

## LOT 111

Contact:

Item Code	Description	Quantity	Price	Amount
4000	STD CAB PKG - TS250111-006	1	4307.16	4,307.16
4002	40" CAB UPPERS - TS250111-082	1	384.00	384.00
4220	CAB PICK UP - TS250111-007	1	552.20	552.20
	TS25 LA LUNA PH 1			
	PLAN 3021 LOT 111			
	976 VIA STELLATO STREET			



Net Invoice:	5,243.3
Freight:	0.0
Sales Tax:	0.0
Invoice Total:	\$5,243.3
Retention Amount:	0.0
NET AMOUNT DUE :	5,243.3

**PURCHASE ORDER**  
TS250111-006



JOB NUMBER: TS250111  
ORDER DATE: 9/3/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112

Cabinetec, Inc.  
2711 E. Craig Road Suite A & B  
North Las Vegas NV 89030

**JOB ADDRESS:**

976 Via Stellato Street  
976 Via Stellato Street  
Henderson NV 89011  
  
TS25 LA LUNA PH 1

LOT #: 0111

Plan  
3021

ELEV  
FC

GARAGE  
RIGHT

SUPERINTENDENT: JOBSITE PHONE:

MOBILE:

PLEASE SUPPLY THE FOLLOWING :

Page 1

ITEM ITEM DESCRIPTION

	QTY	UNIT	PRICE	TOTAL
**** 420 Cabinets d1 ****	0.80	bid	5,522.00	4,417.60
4201 Set Cabinets	-0.02	bid	5,522.00	-110.44
420A OCIP Insurance - Cabinets				
11010100 S		Subcontract		

\*\*\*\* 420 Cabinets d1 \*\*\*\*

4201 Set Cabinets

3050200 S Subcontract 0.80 bid 5,522.00 4,417.60

420A OCIP Insurance - Cabinets

11010100 S Subcontract -0.02 bid 5,522.00 -110.44

Action Taken to Stop Further Variance:

Net Order	4,307.16
Tax	0.00
<b>TOTAL ORDER</b>	<b>4,307.16</b>

Authorized Signature:

By: Kathy Sanucci

Title: Prod. Supervisor

Date: 09/03/2008

Vendor/Sub-Contractor:

By: M

Title: ANC Designing

Date: 3/19/09

Approved for Payment:  
Atiles Mendoza

By: \_\_\_\_\_

Title: MAR 24/2009

Date: X

IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES



**PURCHASE ORDER**  
TS250111-082

JOB NUMBER: TS250111  
ORDER DATE: 9/3/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112

Cabinetec, Inc.  
2711 E. Craig Road Suite A & B  
North Las Vegas NV 89030

**JOB ADDRESS:**

976 Via Stellato Street  
976 Via Stellato Street  
Henderson NV 89011  
  
TS25 LA LUNA PH 1

LOT #: 0111

Plan  
3021

ELEV  
FC

GARAGE  
RIGHT

SUPERINTENDENT: JOBSITE PHONE:

MOBILE:

PLEASE SUPPLY THE FOLLOWING :

Page 1

ITEM ITEM DESCRIPTION

	QTY	UNIT	PRICE	TOTAL
**** 420 Cabinets d1 ****	1.00	bid	384.00	384.00

4201 40" Cabinet Uppers

021CAUPO 3050200 S Subcontract

Action Taken to Stop Further Variance:

Net Order	384.00
Tax	0.00
<b>TOTAL ORDER</b>	<b>384.00</b>

Authorized Signature:

By: Kathy Sanucci

Title: Prod. Supervisor

Date: 09/03/2008

Vendor/Sub-Contractor:

By: Kathy

Title: Accounting

Date: 3/9/09

Approved for Payment  
Ariales Mendoza

By:

MAR 24 2009

Title:

Date:

IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES

**PURCHASE ORDER**

TS250111-007

JOB NUMBER: TS250111

ORDER DATE: 9/3/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112

Cabinetec, Inc.  
2711 E. Craig Road Suite A & B  
North Las Vegas NV 89030

JOB ADDRESS:

976 Via Stellato Street  
976 Via Stellato Street  
Henderson NV 89011

TS25 LA LUNA PH 1

LOT #: 0111

Plan  
3021ELEV  
FCGARAGE  
RIGHT

SUPERINTENDENT: JOBSITE PHONE:

MOBILE:

**PLEASE SUPPLY THE FOLLOWING :**

Page 1

ITEM	ITEM DESCRIPTION	QTY	UNIT	PRICE	TOTAL
<b>**** 420 Cabinets d2 ****</b>					
4202 Cabinet Pickup		0.10	bid	5,522.00	552.20
3050200	S Subcontract				

Action Taken to Stop Further Variance:

Net Order	552.20
Tax	0.00
<b>TOTAL ORDER</b>	<b>552.20</b>

Authorized Signature:

By: Kathy SanucciTitle: Prod. SupervisorDate: 09/03/2008

Vendor/Sub-Contractor:

By:

M J

Title:

Accounting

Date:

3/19/09Approved By: Ricardo Mendoza

By:

MAR 24 2009

Title:

X**IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES**

CONDITIONAL WAIVER & RELEASE UPON PROGRESS PAYMENTPROPERTY NAME: T525 La LunaPHASE: 1 PLAN: 3021 LOT/BLK: 111PROPERTY ADDRESS: 976 Via Stelato StreetINVOICE NO: 1025286 PAYMENT AMT. \$243.36 PAYMENT PERIOD: 3/25/09UNDERSIGNED'S CUSTOMER: Rhodes Homes

Upon receipt by the undersigned of a check in the above referenced payment amount payable to the undersigned, and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release and the undersigned shall be deemed to waive any notice of lien, any private bond right, any claim for payment and any rights under any similar ordinance, rule or statute related to payment rights that the undersigned has on the above described property to the following extent. This release covers a progress payment to the work, materials or equipment furnished by the undersigned to the property or to the undersigned's customer which are the subject of the invoice or payment application, but only to the extent of the payment amount or such portion of the payment amount as the undersigned is actually paid, and does not cover any retention withheld, any items, modifications or changes pending approval, disputed items and claims, or items furnished or invoiced after the payment period. Before any recipient of this document relies on it, he should verify evidence of payment to the undersigned. The undersigned warrants that he either has already paid or will use the money he receives from this progress payment promptly to pay in full all his laborers, subcontractors, material men and suppliers for all work, materials or equipment that are the subject of this waiver and release.

Dated: March 25 2009

Company Name: CABINETEC, INC.

BY: Michele Guizar  
Michele Guizar  
ITS: Accounts Receivable Dept.LABOR PAYMENT AFFIDAVIT

Each of the undersigned whose signature appears below certifies that he/she has been paid in full by Cabinetec Inc. For all work whatsoever performed by Cabinetec through the date of this release. Each of the undersigned hereby waives and releases any lien or claim or right to file a lien notice against the above-mentioned property on account of work performed on or materials supplied to the above job site through the date on this document.

NAME OF LABORER: \_\_\_\_\_ FOR \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Matthew Thomas CABINETS INSTALLED Michele Guizar  
CABINETS INSTALLED

For the purpose of obtaining payment, the undersigned contractor warrants that the above named workmen who actually performed work for Cabinetec have been paid in full to date and that there are no other workmen who performed work on the project that have not been paid to date. This release and waiver of lien shall insure to the benefit of the holder of the deed of trust on and the owner of the above named job site, their successors and assigns.

DATED THIS 25 DAY OF March 2009AUTHORIZED SIGNATURE: Michele Guizar

Accounts Receivable Dept.

OUT OF STOCK MATERIAL CERTIFICATION

The undersigned Subcontractor hereby certifies that the materials and supplies used on the above improvement and or project were purchased or acquired from a material man or supplier from this specific project, but were furnished by a Subcontractor, from his own supplies warehouse. In addition, the undersigned warrants that all materials and labor placed by him in the aforesaid premises are free from any claims, liens or encumbrances.

DATED THIS 25 DAY OF March 2009

BY: Michele Guizar  
CABINETEC, INC. 702-649-1010  
2711 E CRAIG RD #A  
N LAS VEGAS, NV 89030

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Page: 1

CABINETEC - LAS VEGAS  
 2711 E. Craig Road  
 Suite A  
 North Las Vegas, NV 89030  
 (702) 649-1010

## Invoice

Invoice Number: 1025178-IN

Invoice Date: 3/5/2009

Salesperson: NC

Terms: NET 30 DAYS

Tax Schedule: NV

Customer Number: RHODES

Customer P.O.: LISTED

RHODES HOMES  
 4730 S FORT APACHE RD, STE 300  
 LAS VEGAS, NV 89147

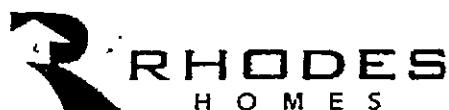
Job Number: RHP2ST

## REL 5-2 LOT 132

Contact:

Item Code	Description	Quantity	Price	Amount
4000	SET CABINETS TS250132-006	1	4307.16	4,307.16
4002	4" CROWN MOLDING TS250132-081	1	771.00	771.00
4002	40"CABINET UPERS TS250132-081	1	384.00	384.00
4220	CABINET PICKUP TS250132-007	1	552.20	552.20
	PARCEL 25 @ TUSCANY			
	LOT 132 PLAN P-3021			
	912 VIA DEL TRAMONTO ST.			

Net Invoice:	6,014.36
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	\$6,014.36
Retention Amount:	0.00
NET AMOUNT DUE :	6,014.36

**PURCHASE ORDER**

TS250132-006

JOB NUMBER: TS250132

ORDER DATE: 8/26/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112

Cabinetec, Inc.  
 2711 E. Craig Road Suite A & B  
 North Las Vegas NV 89030

JOB ADDRESS:

912 Via Del Tramonto Street  
 912 Via Del Tramonto Street  
 Henderson NV 89011

TS25 LA LUNA PH 1

LOT #: 0132

Plan 3021	ELEV AN.	GARAGE RIGHT	SUPERINTENDENT: JOBSITE PHONE:	MOBILE:
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PLEASE SUPPLY THE FOLLOWING :

Page 1

ITEM	ITEM DESCRIPTION	QTY	UNIT	PRICE	TOTAL
<b>**** 420 Cabinets d1 ****</b>					
4201	Set Cabinets	0.80	bid	5,522.00	4,417.60
	3050200 S Subcontract				
420A	OCIP Insurance - Cabinets	-0.02	bid	5,522.00	-110.44
	11010100 S Subcontract				

Action Taken to Stop Further Variance:	Net Order 4,307.16
	Tax 0.00
	<b>TOTAL ORDER</b> 4,307.16

Authorized Signature:	Vendor/Sub-Contractor:	Approved for Payment
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**IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES**

**PURCHASE ORDER**

TS250132-081

JOB NUMBER: TS250132

ORDER DATE: 8/26/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112

Cabinetec, Inc.  
 2711 E. Craig Road Suite A & B  
 North Las Vegas NV 89030

JOB ADDRESS:

912 Via Del Tramonto Street  
 912 Via Del Tramonto Street  
 Henderson NV 89011

TS25 LA LUNA PH 1

LOT #: 0132

Plan	ELEV	GARAGE	SUPERINTENDENT:	JOBSITE PHONE:	MOBILE:
3021	AN	RIGHT			

**PLEASE SUPPLY THE FOLLOWING :**

Page 1

ITEM	ITEM DESCRIPTION	QTY	UNIT	PRICE	TOTAL
<b>**** 420 Cabinets d1 ****</b>					
	4201 4" Crown Molding Rope	1.00	bid	771.00 ✓	771.00
3021CADR0	3050200 S Subcontract				
	4201 40" Cabinet Uppers	1.00	bid	384.00 ✓	384.00
3021CAUP0	3050200 S Subcontract				

Action Taken to Stop Further Variance:

Net Order	1,155.00
Tax	0.00
<b>TOTAL ORDER</b>	<b>1,155.00</b>

Authorized Signature:

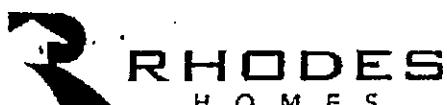
By: Kathy SanucciTitle: Prod. SupervisorDate: 08/26/2008

Vendor/Sub-Contractor:

By: JohnTitle: AccountingDate: 3/5/09

Approved for Payment

By: Andres MendozaTitle: MAKDate: 08/26/08X  
IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES

**PURCHASE ORDER**

TS250132-007

JOB NUMBER: TS250132

ORDER DATE: 8/26/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112

Cabinetec, Inc.  
 2711 E. Craig Road Suite A & B  
 North Las Vegas NV 89030

JOB ADDRESS:

912 Via Del Tramonto Street  
 912 Via Del Tramonto Street  
 Henderson NV 89011

TS25 LA LUNA PH 1

LOT #: 0132

Plan	ELEV	GARAGE	SUPERINTENDENT:	JOBSITE PHONE:	MOBILE:
3021	AN	RIGHT			

**PLEASE SUPPLY THE FOLLOWING :**

Page 1

ITEM	ITEM DESCRIPTION	QTY	UNIT	PRICE	TOTAL
<b>**** 420 Cabinets d2 ****</b>					
4202 Cabinet Pickup		0.10	bid	5,522.00	552.20
3050200	S		Subcontract		

Action Taken to Stop Further Variance:

Net Order	552.20
Tax	0.00
<b>TOTAL ORDER</b>	<b>552.20</b>

Authorized Signature:

By: Kathy SanucciTitle: Prod. SupervisorDate: 08/26/2008

Vendor/Sub-Contractor:

By: M. M.Title: AccountingDate: 3/5/09

Approved for Payment:

Annie Mendoza

By: \_\_\_\_\_

Title: MAR 03 2009Date: X**IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES**

CONDITIONAL WAIVER & RELEASE UPON PROGRESS PAYMENTPROPERTY NAME: TS25 La Lura Ph 1PHASE: 1 PLAN: 3021 LOT/BLK: 0132PROPERTY ADDRESS: 912 Vias Del Tres Vento StreetINVOICE NO: 1025178 PAYMENT AMT. 6044.36 PAYMENT PERIOD: 3/5/2009UNDERSIGNED'S CUSTOMER: Rhodes Homes

Upon receipt by the undersigned of a check in the above referenced payment amount payable to the undersigned, and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release and the undersigned shall be deemed to waive any notice of lien, any private bond right, any claim for payment and any rights under any similar ordinance, rule or statute related to payment rights that the undersigned has on the above described property to the following extent. This release covers a progress payment to the work, materials or equipment furnished by the undersigned to the property or to the undersigned's customer which are the subject of the invoice or payment application, but only to the extent of the payment amount or such portion of the payment amount as the undersigned is actually paid, and does not cover any retention withheld, any items, modifications or changes pending approval, disputed items and claims, or items furnished or invoiced after the payment period. Before any recipient of this document relies on it, he should verify evidence of payment to the undersigned. The undersigned warrants that he either has already paid or will use the money he receives from this progress payment promptly to pay in full all his laborers, subcontractors, material men and suppliers for all work, materials or equipment that are the subject of this waiver and release.

Dated: March 5 2009

Company Name: CABINETEC, INC.

BY: Jessica Thomas  
 JESSICA THOMAS  
 ITS: Accounts Receivable Dept.

LABOR PAYMENT AFFIDAVIT

Each of the undersigned whose signature appears below certifies that he/she has been paid in full by Cabinetec Inc. For all work whatsoever performed by Cabinetec through the date of this release. Each of the undersigned hereby waives and releases any lien or claim or right to file a lien notice against the above-mentioned property on account of work performed on or materials supplied to the above job site through the date on this document.

NAME OF LABORER:FORSIGNATURE:EDDIE APARDO

CABINETS INSTALLED

Jessica Thomas

CABINETS INSTALLED

For the purpose of obtaining payment, the undersigned contractor warrants that the above named workmen who actually performed work for Cabinetec have been paid in full to date and that there are no other workman who performed work on the project that have not been paid to date. This release and waiver of lien shall insure to the benefit of the holder of the deed of trust on and the owner of the above named job site, their successors and assigns.

DATED THIS 5 DAY OF March 2009

AUTHORIZED SIGNATURE: Jessica Thomas  
 Accounts Receivable Dept.

OUT OF STOCK MATERIAL CERTIFICATION

The undersigned Subcontractor hereby certifies that the materials and supplies used on the above improvement and/or project were purchased or acquired from a material man or supplier from this specific project, but were furnished by a Subcontractor, from his own supplies warehouse. In addition, the undersigned warrants that all materials and labor placed by him in the aforesaid premises are free from any claims, liens or encumbrances.

DATED THIS 5 DAY OF March 2009

BY: Jessica Thomas  
 CABINETEC, INC.  
 2711 E CRAIG RD #A  
 N LAS VEGAS, NV 89030

702-649-1010

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U.S. Postal Service Page 12 of 22

**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

<b>OFFICIAL USE</b>														
8353 8389	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Postage</td> <td style="width: 15%; text-align: right;">\$</td> <td rowspan="4" style="width: 70%; vertical-align: middle; text-align: center;">Postmark Here</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Certified Fee</td> <td> </td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td> </td> </tr> <tr> <td>Rejected Delivery Fee (Endorsement Required)</td> <td> </td> </tr> <tr> <td>Total Postage &amp; Fees</td> <td style="text-align: right;">\$</td> </tr> </table>	Postage	\$	Postmark Here			Certified Fee		Return Receipt Fee (Endorsement Required)		Rejected Delivery Fee (Endorsement Required)		Total Postage & Fees	\$
Postage	\$	Postmark Here												
Certified Fee														
Return Receipt Fee (Endorsement Required)														
Rejected Delivery Fee (Endorsement Required)														
Total Postage & Fees	\$													
7008 0150 0000	Sent To <b>TUSCANY (Rhodes)</b> Street, Apt. No. or PO Box No. City, State, ZIP+4													
7008	See Reverse for Instructions													

PS Form 3800, August 2005

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
1. Article Addressed to: <b>TUSCANY ACQUISITIONS (Rhodes)</b> <i>4730 S. 1st Apache Rd F310 Las Vegas, NV 89147</i>		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <b>Lisa Lunetta</b> C. Date of Delivery <b>11/10/08</b> D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		7008 0150 0000 8353 8389 Domestic Return Receipt	
102595-02-M-1540			

<b>GENERAL INFORMATION</b>	
<b>PARCEL NO.</b>	160-32-313-095
<b>OWNER AND MAILING ADDRESS</b>	TUSCANY ACQUISITIONS L L C  4730 S FORT APACHE RD #300 LAS VEGAS NV 89147-7947
<b>LOCATION ADDRESS CITY/UNINCORPORATED TOWN</b>	912 VIA DEL TRAMONTO ST HENDERSON
<b>ASSESSOR DESCRIPTION</b>	TUSCANY PARCEL 25 PLAT BOOK 125 PAGE 35 LOT 132 BLOCK 3  SEC 32 TWP 21 RNG 63
<b>RECORDED DOCUMENT NO.</b>	* 20051219:04168
<b>RECORDED DATE</b>	12/19/2005
<b>VESTING</b>	NO STATUS

\*Note: Only documents from September 15, 1999 through present are available for viewing.

<b>ASSESSMENT INFORMATION AND SUPPLEMENTAL VALUE</b>	
<b>TAX DISTRICT</b>	513
<b>APPRAISAL YEAR</b>	2008
<b>FISCAL YEAR</b>	08-09
<b>SUPPLEMENTAL IMPROVEMENT VALUE</b>	0
<b>SUPPLEMENTAL IMPROVEMENT ACCOUNT NUMBER</b>	N/A

<b>REAL PROPERTY ASSESSED VALUE</b>		
<b>FISCAL YEAR</b>	2007-08	2008-09
<b>LAND</b>	40425	30870
<b>IMPROVEMENTS</b>	0	0
<b>PERSONAL PROPERTY</b>	0	0
<b>EXEMPT</b>	0	0
<b>GROSS ASSESSED</b>	40425	30870
<b>TAXABLE VALUE LAND+IMP</b>	115500	88200

<b>ESTIMATED LOT SIZE AND APPRAISAL INFORMATION</b>	
<b>ESTIMATED SIZE</b>	0.10 Acres
<b>ORIGINAL CONST. YEAR</b>	0
<b>LAST SALE PRICE MONTH/YEAR</b>	6972956 12/05
<b>LAND USE</b>	0-00 VACANT
<b>DWELLING UNITS</b>	0

**NOTICE OF RIGHT TO LIEN**  
(N.R.S. 108.245 or N.R.S. 339.035)

To: Tuscany Acquisitions LLC  
4730 S Fort Apache Rd, #300  
Las Vegas, NV 89147-7947

The undersigned hereby notifies you that it has supplied materials or performed work or services as follows:

Installation of cabinets, with materials, parts and pieces.

For the improvement of property identified as:

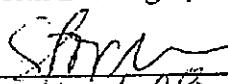
912 Via Del Tramonto St Henderson  
Tuscany Parcel 25.  
Plat Book 125 Page 35  
Lot 132 Block 3  
Sec 32 Twp 21 Rng 63

An estimate of the total price of the labor, service, equipment or material is: \$6,677.00

Under contract with: Rhodes Homes

THIS IS NOT A NOTICE THAT THE UNDERSIGNED HAS NOT BEEN OR DOES NOT EXPECT TO BE PAID, BUT A NOTICE REQUIRED BY LAW THAT THE UNDERSIGNED MAY, AT A FUTURE DATE, RECORD A NOTICE OF LIEN AS PROVIDED BY LAW AGAINST THE PROPERTY IF THE UNDERSIGNED IS NOT PAID.

By: Cabinetec, Inc  
2711 E. Craig Road, Ste A  
North Las Vegas, NV 89030

Claimants Signature: 

Date: 11-14-08

Certified Mail Number: 7008 0150 0000 8353 8389

**REQUEST FOR NOTICE OF COMPLETION:**

The Owner is hereby requested, pursuant to N.R.S. 108.266, to provide the above claimant with a copy of any Notice of Completion recorded on this construction project.

Case 09-14853-lbr Claim 13-1 Filed 08/27/09 Page 15 of 22

Page: 1

CABINETEC - LAS VEGAS  
 2711 E. Craig Road  
 Suite A  
 North Las Vegas, NV 89030  
 (702) 649-1010

## Invoice

Invoice Number: 1025285-IN

Invoice Date: 3/26/2009

Salesperson: NC

Terms: NET 30 DAYS

Tax Schedule: NV

Customer Number: RHODES

Customer P.O.: LISTED

RHODES HOMES  
 4730 S FORT APACHE RD, STE 300  
 LAS VEGAS, NV 89147

Job Number: RHP25T

## LOT 042

Contact:

Item Code	Description	Quantity	Price	Amount
4000	STD CAB PKG - TS250042-006	1	3523.26	3,523.26
4001	CAB UPGRADE #2 - TS250042-071	1	3735.00	3,735.00
4220	CAB PICKUP - TS250042-007	1	451.70	451.70
	TS25 LA LUNA PH 1			
	PLAN 1724 LOT 042			
	905 VIA DEL TRAMONTO STREET			

Net Invoice:	7,709.96
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	\$7,709.96
Retention Amount:	0.00
NET AMOUNT DUE :	7,709.96

**PURCHASE ORDER**

TS250042-006

JOB NUMBER: TS250042

ORDER DATE: 8/26/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112 Cabinetec, Inc. 2711 E. Craig Road Suite A & B North Las Vegas NV 89030	JOB ADDRESS: 905 Via Del Tramonto Street 905 Via Del Tramonto Street Henderson NV 89011
	TS25 LA LUNA PH 1      LOT #: 0042

Plan	ELEV	GARAGE	SUPERINTENDENT:	JOBSITE PHONE:	MOBILE:
1724	SC	LEFT			

**PLEASE SUPPLY THE FOLLOWING :**

Page 1

ITEM	ITEM DESCRIPTION	QTY	UNIT	PRICE	TOTAL
<b>**** 420 Cabinets d1 ****</b>					
4201 Set Cabinets		0.80	bid	4,517.00	3,613.60
3050200 S	Subcontract				
420A OCIP Insurance - Cabinets		-0.02	bid	4,517.00	-90.34
11010100 V20	OCIP Insurance Policy				

Action Taken to Stop Further Variance:	Net Order 3,523.26
	Tax 0.00
	<b>TOTAL ORDER 3,523.26</b>

Authorized Signature: By: <u>Kathy Sanucci</u> Title: <u>Prod. Supervisor</u> Date: <u>08/26/2008</u>	Vendor/Sub-Contractor: By: <u>M. M.</u> Title: <u>Accounting Agent</u> Date: <u>3/9/09</u>	Approved for Payment By: <u>Ariyas Mendoza</u> Title: <u>MAO</u> Date: <u>3/9/09</u>
--	---	---

**IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES**

**PURCHASE ORDER**

TS250042-071

JOB NUMBER: TS250042

ORDER DATE: 8/26/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112

Cabinetec, Inc.  
 2711 E. Craig Road Suite A & B  
 North Las Vegas NV 89030

JOB ADDRESS:

905 Via Del Tramonto Street  
 905 Via Del Tramonto Street  
 Henderson NV 89011

TS25 LA LUNA PH 1

LOT #: 0042

Plan	ELEV	GARAGE	SUPERINTENDENT:	JOB SITE PHONE:	MOBILE:
1724	SC	LEFT			

**PLEASE SUPPLY THE FOLLOWING :**

Page 1

ITEM	ITEM DESCRIPTION	QTY	UNIT	PRICE	TOTAL
<b>**** 420 Cabinets d1 ****</b>					
4201 Cabinet Upgrade #2		1.00	bid	3,735.00	3,735.00
1724CA002	3050200 S Subcontract				

Action Taken to Stop Further Variance:

Net Order 3,735.00

Tax 0.00

**TOTAL ORDER** 3,735.00

Authorized Signature:

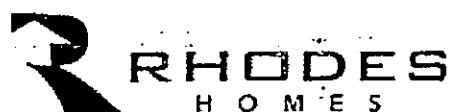
By: Kathy SanucciTitle: Prod. SupervisorDate: 08/26/2008

Vendor/Sub-Contractor:

By: M MTitle: AnnmarieDate: 3/19/09

Approved for Payment

By: Aries MendozaTitle: MAR 2009Date: 3/19/09**IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES**

**PURCHASE ORDER**

TS250042-007

JOB NUMBER: TS250042

ORDER DATE: 8/26/2008

4730 S. Fort Apache Road, Suite 300 - Las Vegas, NV 89147 - (702) 873-5338

VENDOR: 3112

Cabinetec, Inc.  
 2711 E. Craig Road Suite A & B  
 North Las Vegas NV 89030

JOB ADDRESS:

905 Via Del Tramonto Street  
 905 Via Del Tramonto Street  
 Henderson NV 89011

TS25 LA LUNA PH 1

LOT #: 0042

Plan	ELEV	GARAGE	SUPERINTENDENT:	JOBSITE PHONE:	MOBILE:
1724	SC	LEFT			

PLEASE SUPPLY THE FOLLOWING :

Page 1

ITEM	ITEM DESCRIPTION	QTY	UNIT	PRICE	TOTAL
<b>**** 420 Cabinets d2 ****</b>					
4202 Cabinet Pickup		0.10	bid	4,517.00	451.70
3050200	S		Subcontract		

Action Taken to Stop Further Variance:

Net Order 451.70

Tax 0.00

TOTAL ORDER 451.70

Authorized Signature:  
 By: Kathy Sanucci  
 Title: Prod. Supervisor  
 Date: 08/26/2008

Vendor/Sub-Contractor:  
 By: N. M.  
 Title: APM, inc.  
 Date: 3/9/09

Approved for Payment  
 By: Arlies Mendoza  
 Title: MAR 24/09  
 Date: 3/9/09

IMPORTANT: WE ONLY PAY FROM OUR PURCHASE ORDERS, NOT VENDOR INVOICES

CONDITIONAL WAIVER & RELEASE UPON PROGRESS PAYMENTPROPERTY NAME: 1525 La LomaPHASE: 1 PLAN: 1724 LOT/BLK: 042PROPERTY ADDRESS: 905 Vias Del Tractato StreetINVOICE NO: 1025285 PAYMENT AMT. 7109.96 PAYMENT PERIOD: 3/25/09UNDERSIGNED'S CUSTOMER: Chadon Hines

Upon receipt by the undersigned of a check in the above referenced payment amount payable to the undersigned, and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release and the undersigned shall be deemed to waive any notice of lien, any private bond right, any claim for payment and any rights under any similar ordinance, rule or statute related to payment rights that the undersigned has on the above described property to the following extent. This release covers a progress payment to the work, materials or equipment furnished by the undersigned to the property or to the undersigned's customer which are the subject of the invoice or payment application, but only to the extent of the payment amount or such portion of the payment amount as the undersigned is actually paid, and does not cover any retention withheld, any items, modifications or changes pending approval, disputed items and claims, or items furnished or invoiced after the payment period. Before any recipient of this document relies on it, he should verify evidence of payment to the undersigned. The undersigned warrants that he either has already paid or will use the money he receives from this progress payment promptly to pay in full all his laborers, subcontractors, material men and suppliers for all work, materials or equipment that are the subject of this waiver and release.

Dated: March 25 2009

Company Name: CABINETEC, INC.

BY: Michele Guizar  
 MICHELE GUIZAR  
 ITS: Accounts Receivable Dept.

LABOR PAYMENT AFFIDAVIT

Each of the undersigned whose signature appears below certifies that he/she has been paid in full by Cabinetec Inc. For all work whatsoever performed by Cabinetec through the date of this release. Each of the undersigned hereby waives and releases any lien or claim or right to file a lien notice against the above-mentioned property on account of work performed on or materials supplied to the above job site through the date on this document.

NAME OF LABORER:

FOR

SIGNATURE:

Walter Thomas

CABINETS INSTALLED

MG

CABINETS INSTALLED

For the purpose of obtaining payment, the undersigned contractor warrants that the above named workmen who actually performed work for Cabinetec have been paid in full to date and that there are no other workman who performed work on the project that have not been paid to date. This release and waiver of lien shall insure to the benefit of the holder of the deed of trust on and the owner of the above named job site, their successors and assigns.

DATED THIS 25 DAY OF March 2009

AUTHORIZED SIGNATURE:

Michele Guizar  
 Accounts Receivable Dept.OUT OF STOCK MATERIAL CERTIFICATION

The undersigned Subcontractor hereby certifies that the materials and supplies used on the above improvement and or project were purchased or acquired from a material man or supplier from this specific project, but were furnished by a Subcontractor, from his own supplies warehouse. In addition, the undersigned warrants that all materials and labor placed by him in the aforesaid premises are free from any claims, liens or encumbrances.

DATED THIS 25 DAY OF March 2009

BY:

Michele GuizarCABINETEC, INC.  
 2711 E CRAIG RD #A  
 N LAS VEGAS, NV 89030

702-649-1010

\$8,252.00

GENERAL INFORMATION	
<u>PARCEL NO.</u>	160-32-313-042
<u>OWNER AND MAILING ADDRESS</u>	TUSCAN ACQUISITIONS L L C 4730 S FORT APACHE RD #300 LAS VEGAS NV 89147-7947
<u>LOCATION ADDRESS CITY/UNINCORPORATED TOWN</u>	905 VIA DEL TRAMONTO ST HENDERSON
<u>ASSESSOR DESCRIPTION</u>	TUSCAN PARCEL 25 PLAT BOOK 125 PAGE 35 LOT 42 BLOCK 1  SEC 32 TWP 21 RNG 63
<u>RECORDED DOCUMENT NO.</u>	* 20051219;04168
<u>RECORDED DATE</u>	12/19/2005
<u>VESTING</u>	NO STATUS

\*Note: Only documents from September 15, 1999 through present are available for viewing.

ASSESSMENT INFORMATION AND SUPPLEMENTAL VALUE	
<u>TAX DISTRICT</u>	513
<u>APPRAISAL YEAR</u>	2008
<u>FISCAL YEAR</u>	08-09
<u>SUPPLEMENTAL IMPROVEMENT VALUE</u>	0
<u>SUPPLEMENTAL IMPROVEMENT ACCOUNT NUMBER</u>	N/A

REAL PROPERTY ASSESSED VALUE		
<u>FISCAL YEAR</u>	2007-08	2008-09
<u>LAND</u>	40425	30870
<u>IMPROVEMENTS</u>	0	0
<u>PERSONAL PROPERTY</u>	0	0
<u>EXEMPT</u>	0	0
<u>GROSS ASSESSED</u>	40425	30870
<u>TAXABLE VALUE LAND+IMP</u>	115500	88200

ESTIMATED LOT SIZE AND APPRAISAL INFORMATION	
<u>ESTIMATED SIZE</u>	0.10 Acres
<u>ORIGINAL CONST. YEAR</u>	0
<u>LAST SALE PRICE MONTH/YEAR</u>	6972956 12/05
<u>LAND USE</u>	0-00 VACANT
<u>DWELLING UNITS</u>	0



RECEIVED  
OFC 05 2008

4730 S. Fort Apache Rd., Suite 300  
Contractors License No. 28530

Las Vegas, NV 89147  
(702) 873-5562

### NOTICE OF "INTENT" TO BACK-CHARGE

DATE: 11/11/08

BACK-CHARGE #: 036108

DATE FAXED: 11/11/08

PROJECT: La Luna

FAX #: 320-8700

LOT:

ATTN:

BLOCK: 172

COMPANY: Cabinetco

\$ 1,308.00

As a Subcontractor or supplier for Rhodes Homes you are hereby notified of our INTENT to back-charge you for the following:

Failure to perform

Delay

Other

Damage

Workmanship

No response required

The reason for the intent to back-charge is as follows:

COST to re-make & re-install granite countertop due to nail being shot thru water line causing leak and damage.

You have forty-eight (48) hours in which to respond to the person indicated below. Failure to correct and/or respond to Rhodes Homes will result in the hiring of outside services at your expense (See the Construction Subcontract agreement, Note Exhibit "A").

Rhodes Homes

Name: greg tribble Date: 11/11/08

Title: \_\_\_\_\_

### "ACTIVATION" OF BACK-CHARGE

On 11/11 2008, you were notified of our intent to back-charge. It has been determined that you are responsible for this back-charge. The amount of \$ 1428.00 will be deducted from your next draw against your contract, or other monies due you.

10% Admin Fee Added

The Subcontractor who performed the work for which you are being back-charged is as follows:

Subcontractor: Granite World Invoice Number: 2580704

Rhodes Homes

Jaymie Benish

Name: DEC 18 2008

RECEIVED 12/14/09 14:52:14

OFC 08 2008

Title: X Jaymie Benish

Date: \_\_\_\_\_



4730 S. Fort Apache Rd., Suite 300  
Contractors License No. 28530

Las Vegas, NV 89118  
(702) 873-1111

### NOTICE OF "INTENT" TO BACK-CHARGE

DATE: 11/11/08

BACK-CHARGE #: 036108

DATE FAXED: 11/11/08

PROJECT: La LUNA

FAX #: 320-8700

LOT:

ATTN:

BLOCK: 112

COMPANY: Cabinettec

\$ 1,308.00

As a Subcontractor or supplier for Rhodes Homes you are hereby notified of our INTENT to back-charge you for the following:

Failure to perform

Delay

Other

Damage

Workmanship

No response required

The reason for the intent to back-charge is as follows:

COST to re-make & re-install granite countertop due to nail being shot thru water line causing leak and damage.

You have forty-eight (48) hours in which to respond to the person indicated below. Failure to correct and/or respond to Rhodes Homes will result in the hiring of outside services at your expense (See the Construction Subcontract agreement. Note Exhibit "A").

Rhodes Homes

Name: greg tribble

Date: 11/11/08

Title: \_\_\_\_\_

### "ACTIVATION" OF BACK-CHARGE

On 20, you were notified of our intent to back-charge. It has been determined that you are responsible for this back-charge. The amount of \$ 1,308.00 will be deducted from your next draw against your contract, or other monies due you.

The Subcontractor who performed the work for which you are being back-charged is as follows:

Subcontractor: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Rhodes Homes

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_